

CERTIFICATE OF DEATH

REGISTRAR'S NO. 147

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa				2. USUAL RESIDENCE A. STATE Arizona B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa C. LENGTH OF STAY IN THIS PLACE IN ARIZONA -- -- D. FULL NAME OF HOSPITAL OR INSTITUTION Southside District Hospital				3. USUAL RESIDENCE A. STATE Arizona B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Mesa C. LENGTH OF STAY IN THIS PLACE IN ARIZONA -- -- D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rt 2, Box 205 B										
	3. NAME OF DECEASED A. (FIRST) Unnamed B. (MIDDLE) Haymore C. (LAST) Haymore 4. SEX Male 5. COLOR OR RACE White				6. MARIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				7. DATE OF BIRTH MONTH 7 DAY 3 YEAR 50 8. AGE YEARS 0 MONTHS 0 DAYS 0 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Infant										
	9B. KIND OF BUSINESS OR INDUSTRY none				10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona				11. CITIZEN OF WHAT COUNTRY? US				12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no				13. SOCIAL SECURITY NO. none		
PRECEDENT PERSONAL DATA	14A. FATHER'S NAME Floyd J. Haymore				14B. BIRTHPLACE (STATE OR COUNTRY) Arizona				15A. MOTHER'S MAIDEN NAME Dorothy Hendricks				15B. BIRTHPLACE (STATE OR COUNTRY) Idaho						
	16. INFORMANT'S SIGNATURE Floyd J. Haymore				ADDRESS Mesa, Arizona				17. DATE OF DEATH (MONTH) July (DAY) 3 (YEAR) 1950										
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Stillborn ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Not known DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.								INTERVAL BETWEEN ONSET AND DEATH						
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION None				19B. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) None				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				21C. (CITY OR TOWN) (COUNTY) (STATE)										
DEATH DUE TO EXTERNAL FORCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SECOND) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?										
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3:00 PM TO 3:00 PM THAT I LAST SAW THE DECEASED ALIVE ON 7-5-50 AND THAT DEATH OCCURRED AT 3:00 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.								23A. SIGNATURE W. B. Hallman (DEGREE OR TITLE) M.D.				23B. ADDRESS Mesa, Arizona				23C. DATE SIGNED 7-5-50		
MEDICAL CORONER'S CERTIFICATION	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>				24B. DATE 7-5-50				24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona						
	25A. DATE REC'D BY LOCAL REG. July 5, 1950				25B. REGISTRAR'S SIGNATURE For [Signature]				26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary ADDRESS Mesa, Arizona				27. EMBALMER'S SIGNATURE None CERT. NO.						